BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/569799

FILING DATE

PPLICANTIS

								PAT LICE	M11(5)			0		_	
	AS FILED AFTER AFTER							S							
			I AMENDMENT		2"AMI	ENDMENT			ASE	AS FILED		AFTER			
IND. DE		DEP.	IND.	DEP.	IND.	DEP.					I"AME	NDMENT	Al 2"AM	T	
2							ŀ	51	IND.	DEP.	IND.	DEP.	IND.		
3							<u> </u>	52	1		-		MID.	+	
5								53						t	
6							ŀ	54						L	
7		-4					ŀ	55 · 56	1					L	
8								57	1					H	
9		口					F	58						-	
11			I				· -	59 60]	_	
12							r	61							
13						<u>-</u> _		62						-	
15		-4					-	63						_	
16		-/- -					-	64 - 65							
17 18	1							66						_	
19								67						_	
20							1-	68 69				<u> </u> -		_	
21								70						_	
22 23								71						_	
24.							<u> </u>	72 73							
25								74						-	
26 27								15		_				_	
28						_		7							
29							7	8						_	
30 31					_		_ 7	9.						_	
32							<u>8</u>	0							
33							8	2	 -					_	
34					—- <u>-</u>		8:	3						_	
6							8.								
7							<u>8</u>	}							
8							87							_	
9.					 		88							_	
1	_						90								
2							91	_ _						-	
3 4							92							_	
5							93	-					-	_	
5							<u>. 94</u> 95							_	
7							96	-		<u>-</u>	-			-	
	,						9.7			1-		-	-	_	
							98	-		1	- 				
IND.		-					99 100						+		
	1		1		I									_	
DEP 14	(<u> </u>	, ▼		TOTALD	-	_]. 🗣	L		1	1		
15 18			Total Park	- I	-		TOTAL D	2	♦ 11.						
		A		医		製	TOTAL				Hemen	<i>a</i>	- Car		
340 (REV. 11	n'ıı						COVING			2	COMMERC	E		38	